lealth, Welfare		CTANDADD CEDTICICATE OF DEATH			1 33 12	
ublic ervice	STATE FILE NUM FILED JAN 5 1958 stration District No. 042 Primary Registration District No. 1000 Registrar's No.				T 399	
300	1. PLACE OF DEATH G. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Missouri b. COUNTY Euchanan			
1–57	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Yes No □		c. CITY OR TOWN St. Jos	eph 0117	Inside Limits Yes X No	
	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR Mo. Methodist Hosp Life		d. STREET ADDRESS 1822	(If outside, give location) Francis St.	Reside on Farm Yes No 🐔	
	3. NAME OF DECEASED First (Type or print) Lucy	Middle Estella	Lost Kessler	4. DATE Month OF DEATH December	Pay Year 27, 1958	
	5. SEX (6. COLOR OR RACE white	7. MARRIED NEVER MARRIED WIDOWED LOVORCED	8. DATE OF BIRTH Aug. 5, 1872	9. AGE (In years 1F UNDER 1 Y	EAR IF UNDER 24 HRS.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Doniphan County, Kansas USA			
	13a FATHER'S NAME Lankford P. Evans	13b. MOTHER'S MAIDEN NA Maria Louisa		14. NAME OF HUSBAND OR WIFE Frank S. Kessler		
POSSIBLE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Russell E. Wales, St. Joseph, Mo.			
<u> </u>	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c)					
elated. OR RIBBON TYPEWRIT	Conditions, if any, which gave rise to above cause (a), stating the under-					
	lying cause lost. DUE TO (c) PART II. OTHER SIGNIFICANT CONE	not related to the terminal disease cor	ndition given in PART I (a)	9. WAS AUTOPSY PERFORMED?		
usally rel 7 OT CK INK 0	200. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
pent	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.					
Carl mu Car	20d. INJURY OCCURRED WHILE AT NOT WHILE WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
G.T.	21. I attended the deceased from 6 20 58 , to 12 27 58 and last saw her him alive on 15 27 58. Death occurred at 4.30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.					
All diss	2 Cartonte	(Degree or title)	225. ADDRESS 102 Edua	nd	12 29 58	
j H	23a. BURIAL, CREMATION, 21b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)					
0	n /// //	Joseph, Mo. 25. D	ATE RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE	toolell -	
7	1167366	(Licensed Embalmer's Sta	stement on Reverse Side)			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r	ecorded on the reverse side of this certificate was embalmed
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student	Licensed Embalmer No. 4679
	St Jaseph Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.